

ATTACHMENT IV
Sexual Assault Forensic Examiner Program (SAFE)
Hospital Application

INSTRUCTIONS TO FACILITY

Article 28 Hospitals interested in DOH certification as a Sexual Assault Forensic Examiner (SAFE) center of excellence **must** complete this application.

This is a survey of your hospital's capacity to provide SAFE Program services as required by the Sexual Assault Reform Act (SARA), which became effective February 1, 2001. Your response to the questions in this application will be used to measure your facility's compliance with SAFE standards (see Attachment III).

Please print or type responses and number all attachments sequentially. Return the completed questionnaire to:

Rape Crisis Program
Bureau of Women's Health
New York State Department of Health
Governor Nelson Rockefeller Empire State Plaza
Corning Tower, Room 1805
Albany, New York 12237-0621

Facility Information

Permanent Facility Identifier Operating Certificate Number

Name of Facility _____

No. and Street _____

City _____ State _____ Zip Code _____

Telephone Number _____ County _____

Institutional Contact Person: (please print)

Telephone MI Ext. Last

Certification of Information

NOTE: All Article 28 hospitals applying must complete this section.

I, _____,
(please print CEO's name and title)

having legal custody of the information contained herein, do hereby attest that the attached information is true and correct.

Name of Facility
In the county of _____ Signature of CEO of facility

Address

Mo. Day Year

Section A. Service Data

Please complete the following using the most recent calendar year of data available. Indicate year for which data are provided (_____) and the source of the data (_____).

Estimated number of sexual assault patients seen in the hospital in the year indicated.

Section B. Organization and Staffing

In a narrative not to exceed five pages, describe the proposed organization and staffing of the program, including the following:

1. Administrative oversight of the program, including:
 - Name and title of the Program Director;
 - Percent of time the Program Director will be dedicated to the program;
 - A copy of an organization chart and a description of reporting relationships for the SAFE program;
 - A description of the Program Director's role in administering the program, including the percent of time the Director will provide direct care (if any);
2. Clinical oversight for the SAFE Program;
 - Describe how clinical oversight for the program will be provided; if there is no medical director for the program, describe how day-to-day clinical oversight will be ensured and ordering of tests, writing prescriptions, etc., will be handled;
3. Describe how the hospital's emergency department will coordinate with and support the activities of the SAFE program and sexual assault forensic examiners; and,
4. Describe how the hospital will ensure initial and ongoing competency and credentialing of SAFE staff, including certification of sexual assault forensic examiners by the Department.

Section C. Hospital Service Model

1. Is the proposed SAFE program to be (check only one):

☐ self-contained

☐ regional network model

☐ other (specify) _____

2. Describe the model and how it will operate in a narrative not to exceed one page. For regional network models, the narrative should describe the hospitals participating in the network, the agency providing sexual assault forensic examiner services, the organization and coordination of services within the network, etc.

3. SAFE services are proposed to be provided:

☐ in the hospital emergency department

☐ in the hospital in a location near the emergency department

☐ other (specify) _____

4. Is there a program similar to the proposed DOH certified SAFE program currently in operation in your facility? ☐ Yes ☐ No

5. In a narrative not to exceed five pages, applicants must provide a description of services offered or proposed under the SAFE model. The description must include how the hospital will ensure:
 - a. Appropriate administrative and clinical oversight is provided to the program;
 - b. SAFE programs are affiliated with and integrated into the policies and procedures and operations of the hospital, particularly the emergency department;
 - c. Initial and ongoing assessment of competency and credentialing of SAFE staff, including certification of sexual assault forensic examiners by the Department (see Specialized Staff Training and Availability, page 12 of the SAFE Program Standards and Requirements (Attachment III); also, see Attachment VII, Sexual Assault Forensic Examiner Standards, page 41.)
 - d. A well-functioning system to provide triage and assessment;
 - e. A well-functioning on-call and back-up call schedule has been developed so that the patient is met by an examiner within 60 minutes of the patient's arrival in the hospital, except when the patient does not disclose a sexual assault at the time of triage, or under exigent circumstances;
 - f. The rape crisis center is contacted immediately to ensure that a rape crisis advocate is available to offer services to the patient;
 - g. Medical/surgical backup is readily available to the sexual assault forensic examiner;
 - h. An appropriately equipped, private, designated room that can accommodate disabled patients and with access to a shower is available when needed for sexual assault exams;
 - i. Medical treatment and forensic examination of sexual assault survivors is provided in compliance with all relevant laws and regulations and consistent with generally accepted standards of care, including the Department's *Protocol for the Acute Care of the Adult Patient Reporting Sexual Assault*;
 - j. Prophylaxis for sexually transmitted diseases, HIV and hepatitis B, and prophylaxis against pregnancy resulting from a sexual assault (emergency contraception) is provided on site;
 - k. The New York State Sexual Offense Evidence Collection Kit is used unless a patient refuses to have evidence collected, and evidence is maintained and collected as required by PHL 2805-i;
 - l. The Drug Facilitated Sexual Assault Kit is used as appropriate;
 - m. Replacement clothing is provided to the patient before leaving the hospital;
 - n. Referral and follow-up regarding medical treatment is provided;
 - o. Patient is referred to counseling and support and other needed services;
 - p. Safe discharge is assured for the patient;
 - q. Medical and forensic SAFE services are appropriately documented;
 - r. Information is collected related to the provision of services to victims of sexual assault and confidentiality of the data is ensured; and,
 - s. An effective system of continuous quality improvement is established to ensure SAFE medical and forensic services are in compliance with generally accepted standards of care.

Section D. Interdisciplinary Task Force

In a narrative not to exceed one page, describe the proposed interdisciplinary task force and how this task force will be utilized to develop, maintain and coordinate the SAFE program. See page 10 of the SAFE standards for a description of the purpose of the task force and recommended membership.

Section E. Facilities/Equipment

1. In a narrative not to exceed one page, describe the private, designated room and equipment to be used for the SAFE program, including arrangements for individuals with physical disabilities.
2. Indicate the equipment and supplies that will be available to the SAFE program by checking the items below:
 - a. ☐ A universally accessible examining table;
 - b. ☐ A dedicated colposcope with the ability to photo document;
 - c. ☐ An anoscope;
 - d. ☐ A camera and film;
 - e. ☐ An ultraviolet light source and bulbs;
 - f. ☐ A swab dryer;
 - g. ☐ Specula in different sizes, preferably with light illumination;
 - h. ☐ A supply cart and all necessary supplies;
 - i. ☐ Locked storage;
 - j. ☐ Beepers and/or cell phones;
 - k. ☐ Phlebotomy equipment;
 - l. ☐ Other necessary medical supplies;
 - m. ☐ Other necessary forensic supplies, including brown paper bags, plain labels and envelopes, toluidine blue stain, tape, white paper for collecting trace evidence, forensic urine collection containers;
 - n. ☐ Office supplies for the SAFE Program Director;
 - o. ☐ Replacement clothing for patients to wear when leaving the hospital;
 - p. ☐ New York State Sexual Offense Evidence Collection Kits;
 - q. ☐ Drug Facilitated Sexual Assault kits (available through DCJS);
 - r. ☐ Comprehensive sexual assault assessment forms (see Attachment V);
 - s. ☐ Crime Victims' Board (CVB) claim forms and information;
 - t. ☐ Copy(ies) of the *Protocol for the Acute Care of the Adult Patient Reporting Sexual Assault*;
 - u. ☐ Sexual assault patient literature; and,
 - v. ☐ Emergency contraception brochures for patients (from DOH or approved by DOH).

Section F. Data and Evaluation

In a narrative not to exceed one page, indicate the hospital's willingness to collect SAFE program data as described in the "SAFE Program Standards and Requirements" (see Attachment III). Describe how data will be collected and the plan for utilizing the data for program planning, continuous quality improvement and evaluation.

Section G. Continuous Quality Improvement

In a narrative not to exceed two pages, describe the hospital's quality improvement plan to ensure medical and forensic SAFE program services are consistent with laws and regulations and with generally accepted standards of care, including the NYSDOH *Protocol for the Acute Care of the Adult Patient Reporting Sexual Assault* and "SAFE Program Standards and Requirements" (Attachment III).

Hospitals designated as SAFE programs are encouraged to work with other area hospitals that have not established SAFE programs to improve the quality of their response to sexual assault patients.